

Consent to Exchange Information
Fairfax County Community and Recreation Services
Therapeutic Recreation Services
12011 Government Center Parkway, Suite 1050
Fairfax, Virginia 22035

I understand that additional information is sometimes required to adequately serve myself/my child, to coordinate services with other agencies, and to verify eligibility for services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to provide or coordinate these services.

_____, am signing this form for
(full printed name of consenting person or persons)

(full printed name of individual receiving services)

My relationship to the individual receiving services is: _____ self, _____ parent, _____ power of attorney _____, guardian _____, other legally authorized representative_____

I give permission for TRS and the following agencies to share information about the individual receiving services:

_____ Fairfax County Public Schools/private: name_____

_____ Family Services (DHD) _____ Health Dept. *(must check if the client requires a medical procedure)*

_____ Community Services Board _____ Mental Health _____ Mental Retardation _____ Alcohol Drug _____

_____ Vocational Program: name_____

_____ other : write in _____

This information will only be exchanged for the following purposes: 1) to provide program accommodations/adaptations; 2) to identify strategies to better serve you/your child; 3) to coordinate services; and 4) to determine eligibility for program placement.

Authorization and Procedures: This consent is good for one year from the date of signature. I can withdraw this consent at any time by notifying Therapeutic Recreation Services in writing. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me/my child has been shared, when, and with whom it was shared. If I ask, I can see a record of the information shared. I want all agencies identified above to accept a copy of this form as a valid consent to share information.

If I do not sign this form, I may not be able to have my/my child's eligibility verified for the service and therefore, services cannot be provided. Additionally, limited information may cause inadequate or inappropriate services to be provided and may also result in a lack of service coordination with other Special Education Services and Human Services.

Signature : _____ Date: _____
(signature of participant, if over 18)

Signature: _____ Date: _____
(signature of parent/guardian)

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